

Name
in
Full

Hudson Bateman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

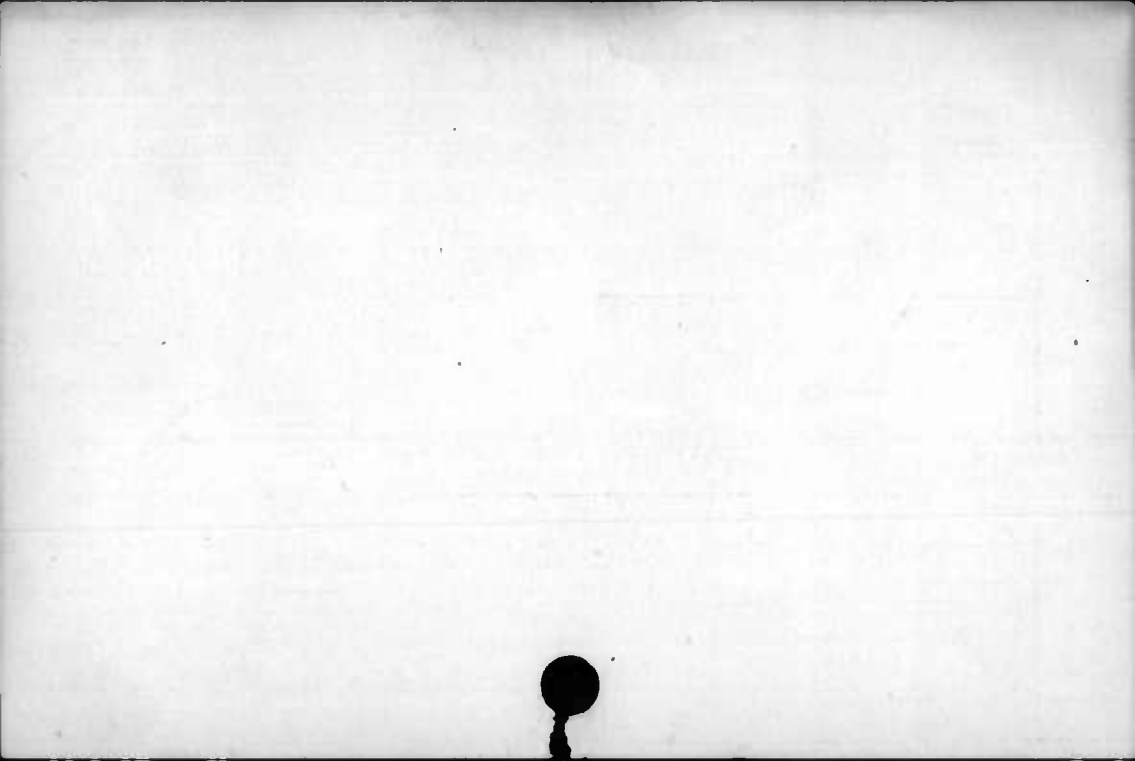
Died at <u>Melua</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	<u>1907</u>	Month	<u>May</u>	Day	<u>23</u>
Age	<u>57</u>	Years	<u>7</u>	Months	<u>7</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Harford Co Md</u>
Occupation	<u>Book keeper</u>	Where Residing if not at place of death		<u>Same</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Mary Stoddard</u>			
Father's Name	<u>Thos B. Bateman</u>			Father's Birthplace	<u>Abington Ind</u>
Mother's Maiden Name	<u>Sarah Neville</u>			Mother's Birthplace	<u>Lees Creek Ind</u>
Name of person giving information	<u>Son</u>			How related to deceased	<u>Robert Bateman</u>

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease - Kidneys.</u>	How long	<u>In years</u>
Immediate	<u>Uremic Poisoning</u>	How long	<u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. H. Keyser, M.D.</u>
		Address	<u>Franklinville Md.</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Laura M. Bond.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Poole Town		Harford County		MARYLAND	
Date of death 1907 May Month		24th Day	13 Years	2 Months	18 Days
Sex Female	Color or Race colored		Birth-place Poole Md.		
Occupation ~~~~~			Where Residing if not at place of death ~~~~~		
Married, Single or Widowed ~~~~~		Name of Wife or Husband ~~~~~			
Father's Name John Bond		Father's Birthplace Harford Co.			
Mother's Maiden Name Laura Smith		Mother's Birthplace " "			
Name of person giving information John Bond		How related to deceased Father			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

How long

Immediate

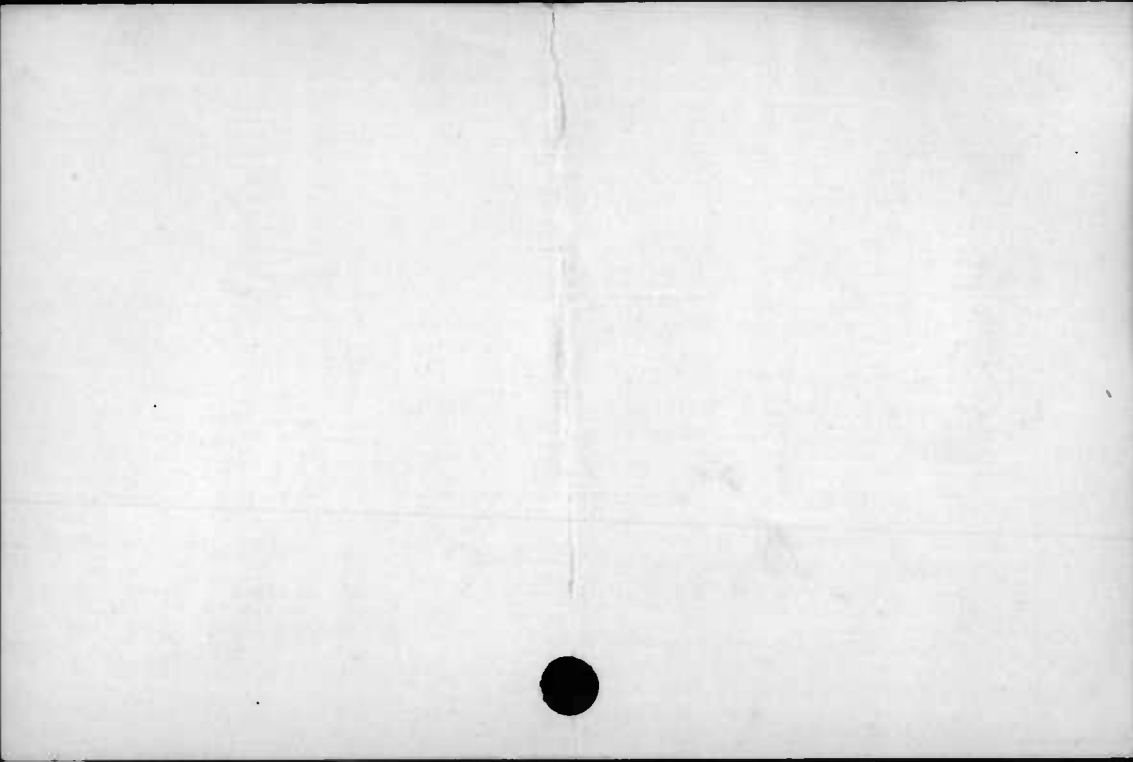
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Belair</i>		County <i>Harford</i>		MARYLAND	
Date of death	190	Month	<i>May</i>	Day	<i>16</i>	Age	<i>1</i>
				Years	<i>3</i>	Months	<i>—</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

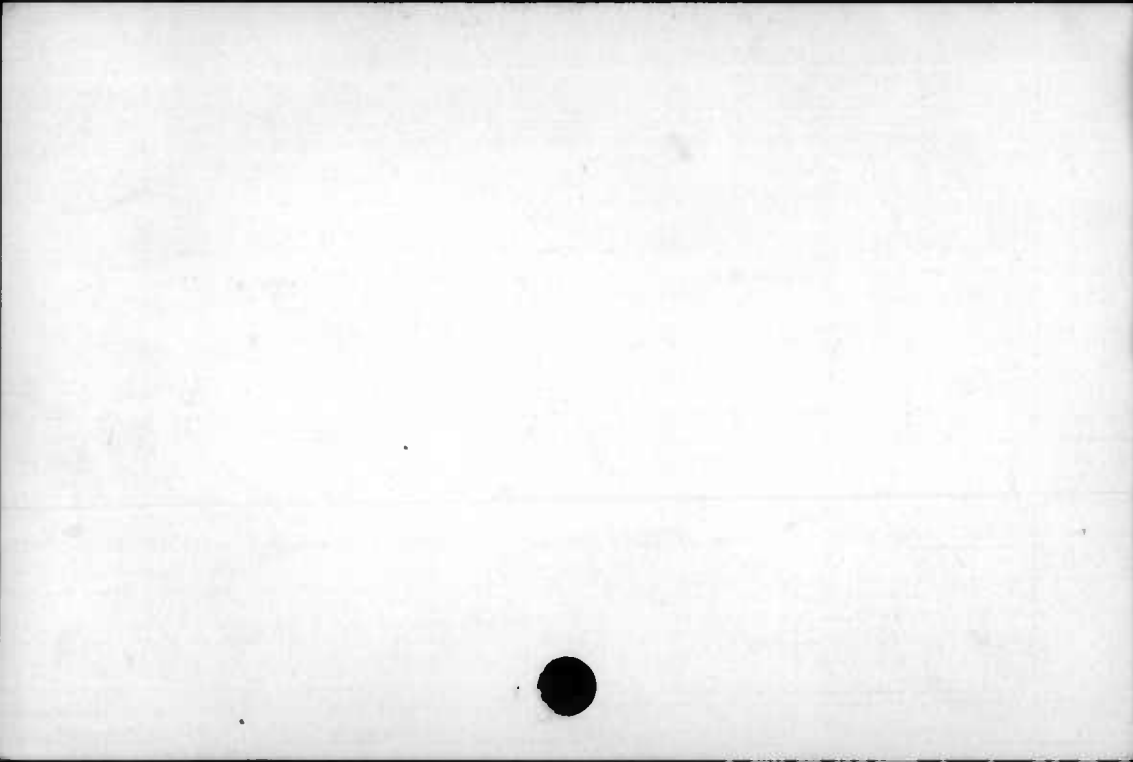
Primary	<i>Marasmus</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		<i>Dr. Chas. Richardson</i>
		<i>Belair Md</i>
Accident or Suicide?		

Wyndon Hill

Name in Full		Certificate of Death			
Geo. Daughlery		Town		County	
Died at Bel Air Md		Harford		Maryland	
Date of death 1907		Month May	Day Sat. 25th	Years 81	Months
Sex Male		Color or Race Black	Birth-place		
Occupation Laborer		Where Residing if not at place of death Bel Air Md			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information Geo. F. Daughlery		How related to deceased Grandson			
CAUSES OF DEATH					
Primary General Debility		How long 179			
Immediate Heart Disease		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. Chas. Richardson			
		Address Bel Air Md.			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Robert E. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cardiff</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>May</i> ^{Month}	<i>19</i> ^{Day}	Age <i>74</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wales</i>			
Occupation <i>Stone Cutter</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Jane Evans</i>				
Father's Name <i>Evan Evans</i>	Father's Birthplace <i>Wales</i>				
Mother's Maiden Name <i>Margaret Evans</i>	Mother's Birthplace <i>Wales</i>				
Name of person giving information <i>Griffith Griffiths</i>	How related to deceased <i>step son</i>				

CAUSES OF DEATH

Primary <i>Aschma</i>	How long <i>20 yr</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Wane Ramsey</i>
	Address <i>Deer York Co Pa.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Slateville.

May. 21st 07

Name
in
Full

Mary Elizabeth Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

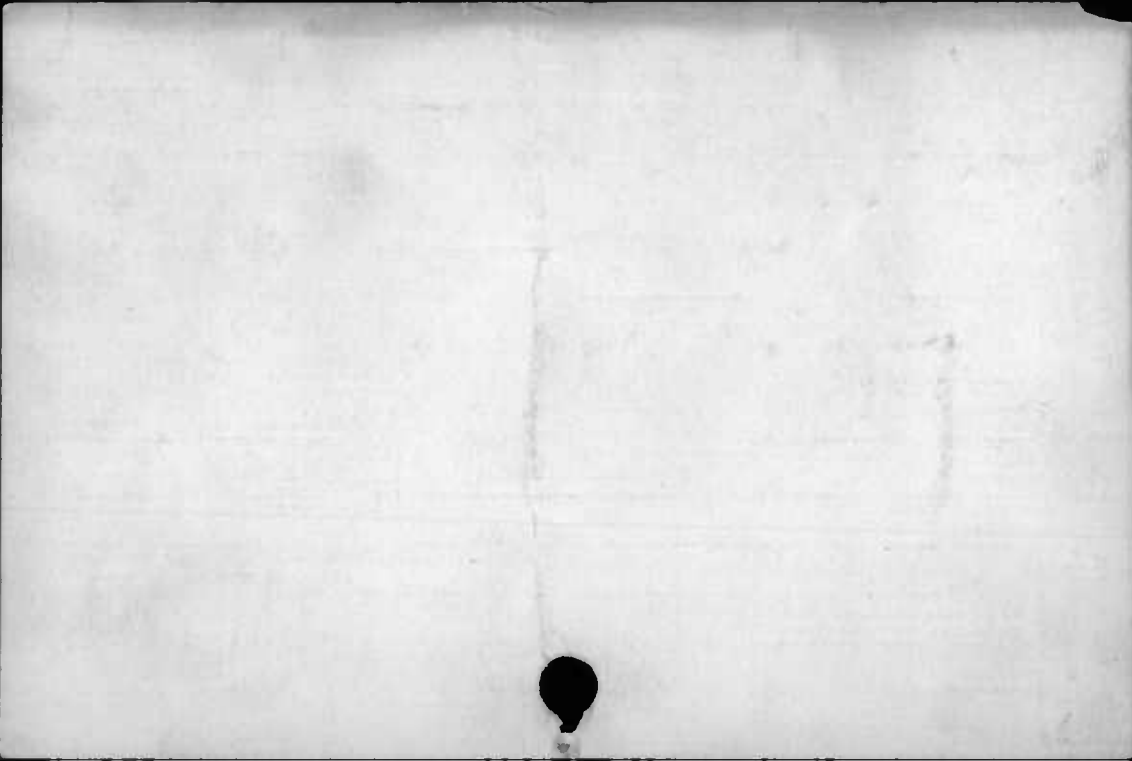
Died at <i>Havre de Grace</i> ^{Town}		<i>Hanford</i> ^{County}		MARYLAND	
Date of death 1907	<i>May</i> ^{Month}	<i>4</i> ^{Day}	Age <i>30</i> ^{Years}	<i>5</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Havre de Grace</i>		
Occupation <i>Home - Invalid all her life</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Alex. Fletcher</i>			Father's Birthplace <i>Havre de Grace</i>		
Mother's Maiden Name <i>Mary C. Barnes</i>			Mother's Birthplace <i>Havre de Grace</i>		
Name of person giving information <i>Lydia Fletcher</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Chronic Inflamm. Rheumatism</i>	How long <i>8 years</i>
Immediate <i>Heart complications</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Hopkins</i>
	Address <i>Havre de Grace</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mary Gleason* Town *Ham-del-mee* County *Hanford* MARYLAND

Died at *Ham-del-mee*

Date of death *1907* Month *5* Day *7* Age *61* Years Months *3* Days *10*

Sex *Female* Color or Race *White* Birth-place *Hanford Co. Md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *Thomas Gleason*

Father's Name *John Moseman* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret* Mother's Birthplace *Germany*

Name of person giving information *M. Bertha M. Gleason* How related to deceased *daughter*

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary

How long

Immediate

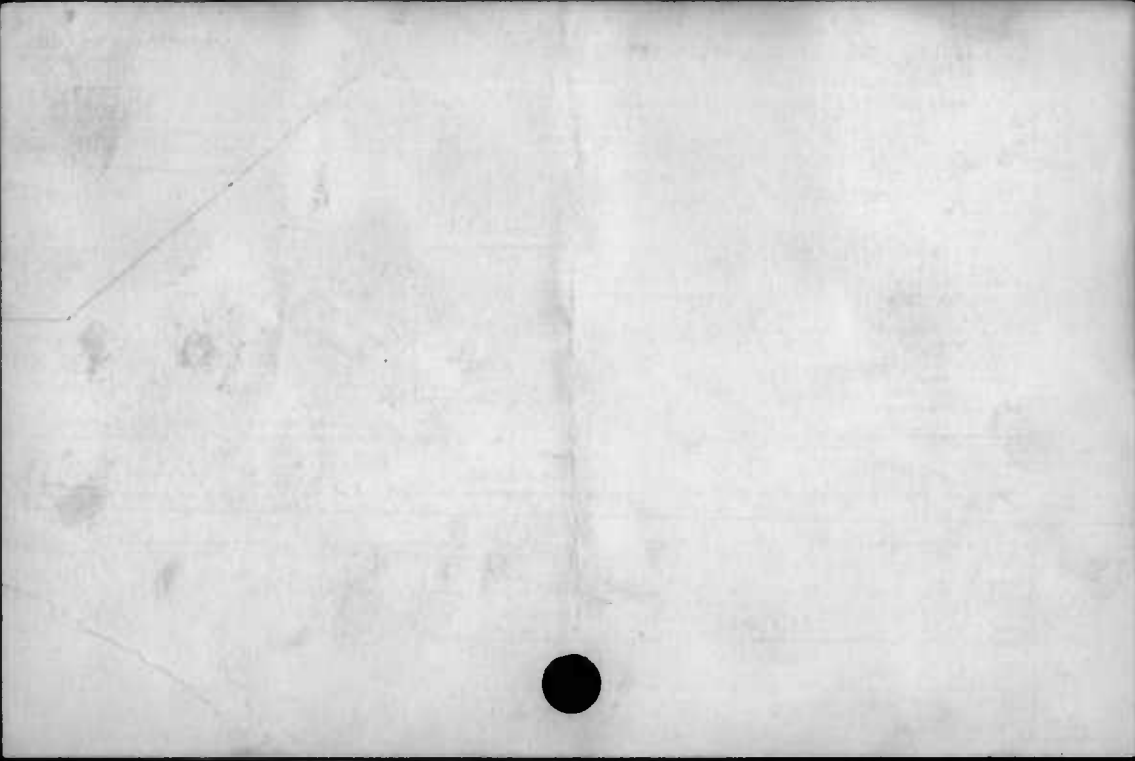
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas R. Huff

Died at <u>Seabrook</u> <small>Town</small>		<u>Hanford</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>May</u> <small>Day</small>	<u>1</u> <small>Age</small>	<u>60</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Seabrook Md</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death <u>at Seabrook</u>			
Married, <u>Yes</u>	Name of Wife or Husband		<u>Laura V Huff</u>		
Father's Name	<u>Sam Huff</u>		Father's Birthplace	<u>Seabrook Md</u>	
Mother's Maiden Name	<u>Miss Cobb</u>		Mother's Birthplace	<u>Abodan Md</u>	
Name of person giving information	<u>H. O. Thompson</u>		How related to deceased	<u>Nephew</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>One year</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>D. H. E. Arthur</u>	
		Address	
		<u>Seabrook Md</u>	
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Grace Miller* Town *Carpa* County *Harford Co* MARYLAND

Died at *Carpa*

Date of death *1907 May - 26th* Age *3* Months *3* Days *3*

Sex *Female* Color or Race *White* Birth-place *Harford Co. Md.*

Occupation *Child* Where Residing if not at place of death *at home*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Raymond Miller* Father's Birthplace *Maryland*

Mother's Maiden Name *Emma Keech* Mother's Birthplace *Maryland*

Name of person giving information How related to deceased

PHYSICIAN
OR CORONER

Raymond Miller CAUSES OF DEATH

Primary *Chronic Hepatitis* *11/2* How long *1 year*

Immediate *same* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Valerie Hawkins, M.D.* Address *Fawn Grove - Pa.*

Accident or Suicide?



Name
in
Full

Wm G W Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

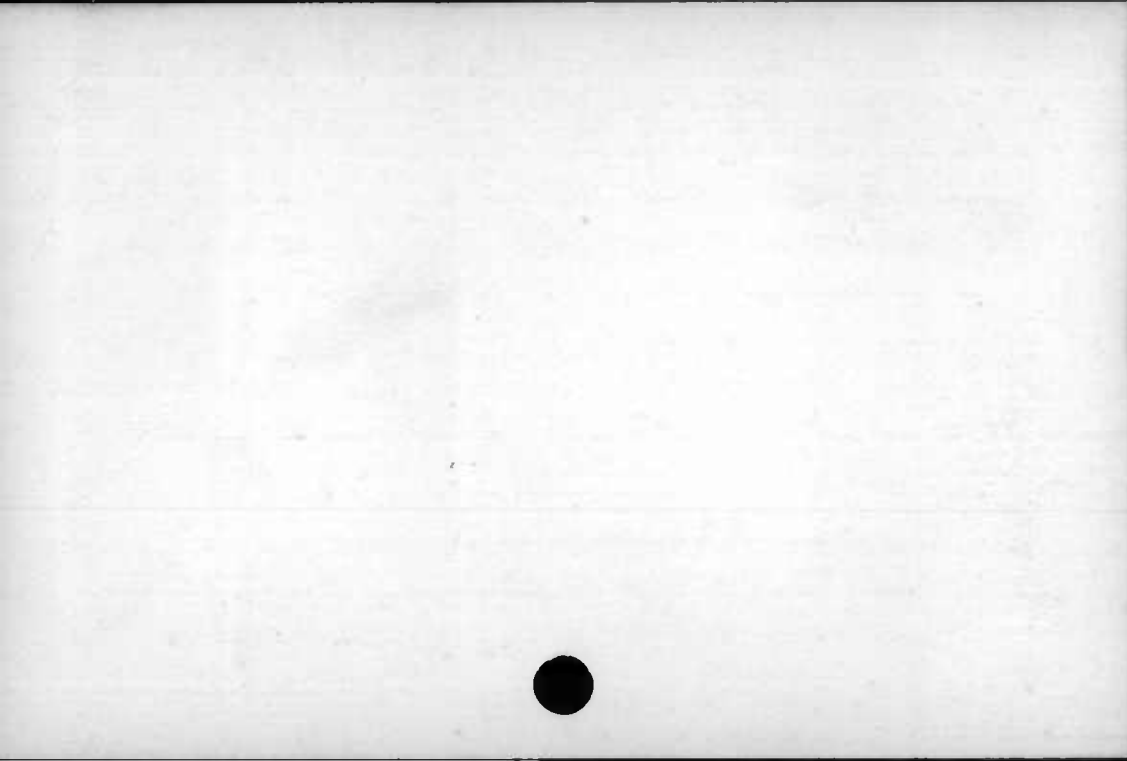
Died at <i>Madonna</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>May</i> ^{Month}	<i>7</i> ^{Day}	Age <i>66</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Harford Co</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Harford</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Johnathan Norris</i>			Father's Birthplace <i>Norrisville</i>		
Mother's Maiden Name <i>Ann Wilson</i>			Mother's Birthplace <i>Cut Hill Pa</i>		
Name of person giving information <i>H C B Norris</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH *

(179)

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J J Turner</i>
	Address <i>White Hall Md</i>
Accident or Suicide?	



Name

in
Full

Mary E. Ceaco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

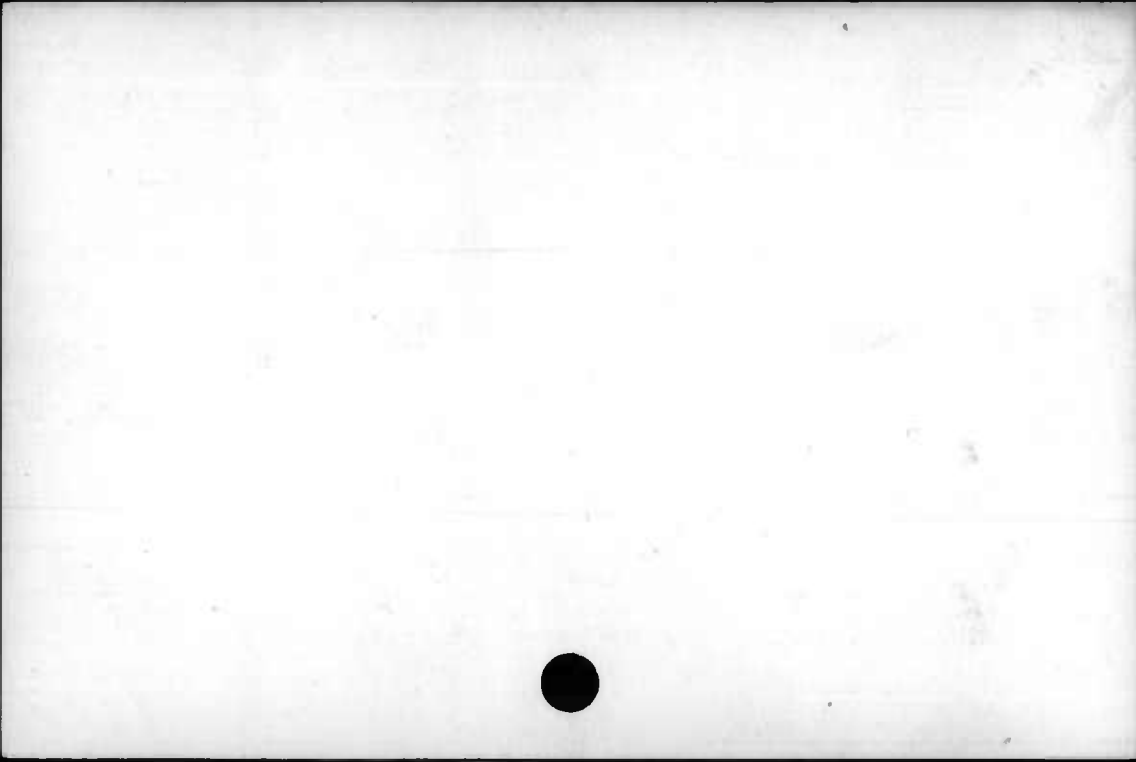
Died at <u>Cylesville</u> Town		<u>Hanford</u> County		MARYLAND	
Date of death	1907	Month	May	Day	14
Age		Years	92	Months	11
Sex	Female	Color or Race	Colored	Birth-place	Becil Co., Md.
Occupation	House-keeper		Where Residing if not at place of death <u>Cylesville - Md</u>		
Married, Single or Widowed	Widowed	Name of Wife or Husband <u>Unknown</u>			
Father's Name	<u>Bowier</u>		Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Name of person giving Information	<u>Hezekiah Ceaco</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

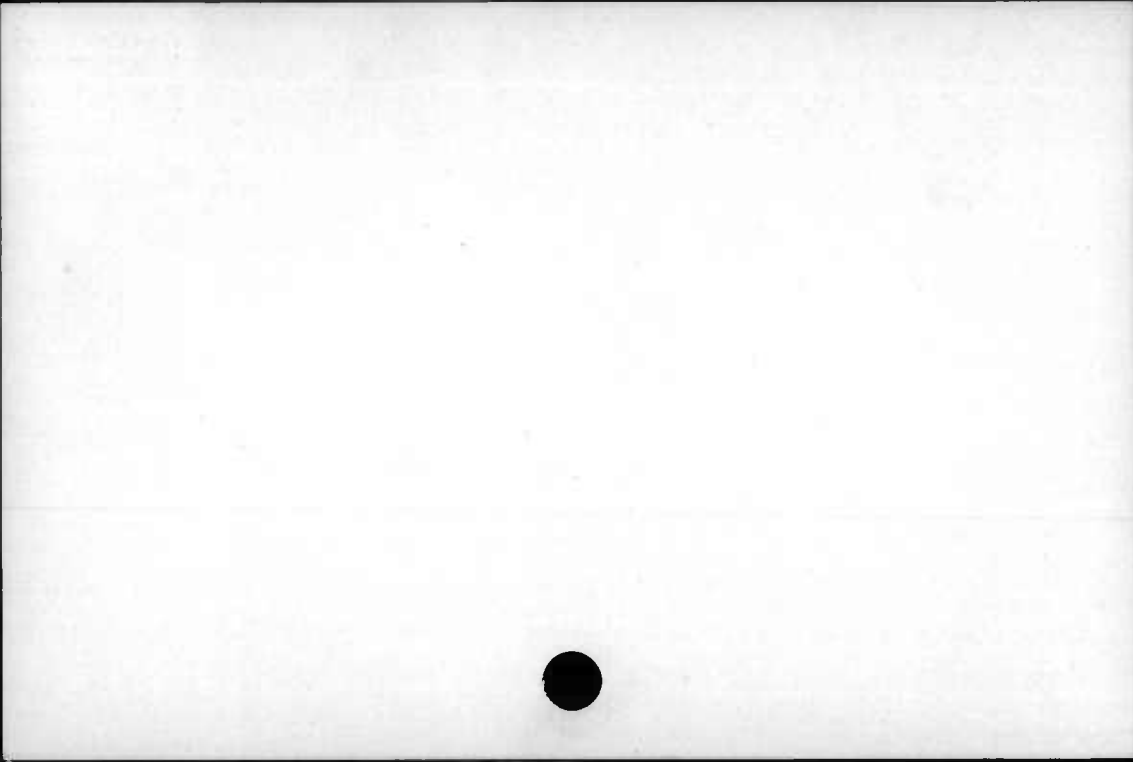
40

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of Stomach - Gen. Debility</u>	How long	<u>—</u>
Immediate	<u>Mania - v. Cardiac Failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Huthman M.D.</u>	
		Address <u>New Park, Pa.</u>	
Accident or Suicide?			



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Berkely</i>		County <i>Harford</i>		
		Date of death <i>1907</i>		Month <i>5</i>	Day <i>6</i>	Age <i>26</i>
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>
		Occupation <i>House work</i>		Where Residing if not at place of death		
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Preston</i>		
		Father's Name		Father's Birthplace		
		Mother's Maiden Name <i>Jennie Macall</i>		Mother's Birthplace		
		Name of person giving information		How related to deceased		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		How long		
		Immediate <i>Tuberculosis</i>		How long <i>4 months</i>		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. M. Ragan,</i>		
				Address <i>Coushings, Md.</i>		
		Accident or Suicide?				



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fullford</i> ^{Town}		<i>Henford</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>May</i> ^{Day}	<i>10</i> ^{Age}	<i>4</i> ^{Years}	<i>6</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind.</i>
Occupation			Where Residing if not at place of death <i>Fullford</i>		
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>		
Father's Name	<i>J. Burt Preston</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Mary C. Harrington</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Mary C. Preston</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

(1837)

PHYSICIAN
OR CORONER

Primary	<i>Purpura Hemorrhagica</i>	How long	<i>Probably several months</i>
Immediate	<i>Syncope</i>	How long	<i>few hours -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. F. Vant Gibbs</i>
		Address	<i>T3d Air</i>
Accident or Suicide?	<i>No</i>		<i>Ind.</i>

M. Lion

Name
in
Full

Charlesworth Pyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Macton</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
<i>1907</i>		<i>May</i>	<i>21st</i>	<i>6</i>	<i>6</i>	<i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Macton</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Joseph Pyle</i>				Father's Birthplace			
Mother's Maiden Name <i>Ella D. Sidwell</i>				Mother's Birthplace			
Name of person giving information <i>Joseph Pyle</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

(48)

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Rheumatism</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Tobias</i>
	Address <i>Castleton, Md.</i>
Accident or Suicide?	

Broad. Cicek.

May. 23/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

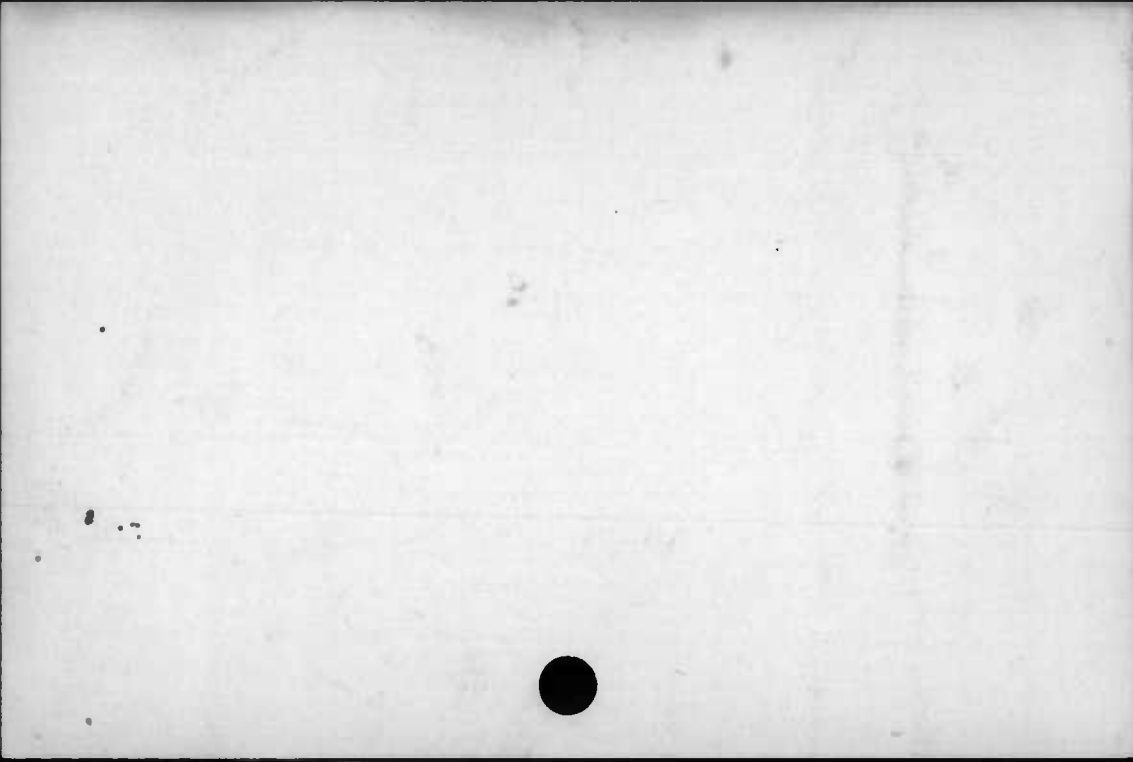
Died at <i>Indian Tree</i>		Town <i>Indian Tree</i>		County <i>Hagerston</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>5</i>		Day <i>13</i>		Age <i>54</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Days			
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Caroline Satterman</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Kate Day</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Constriction of Lungs & Heart</i>	How long <i>2 Weeks</i>
Immediate <i>Heart Failure</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Steer</i>
	Address <i>Brynmawr</i>
Accident or Suicide?	<i>Wf.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

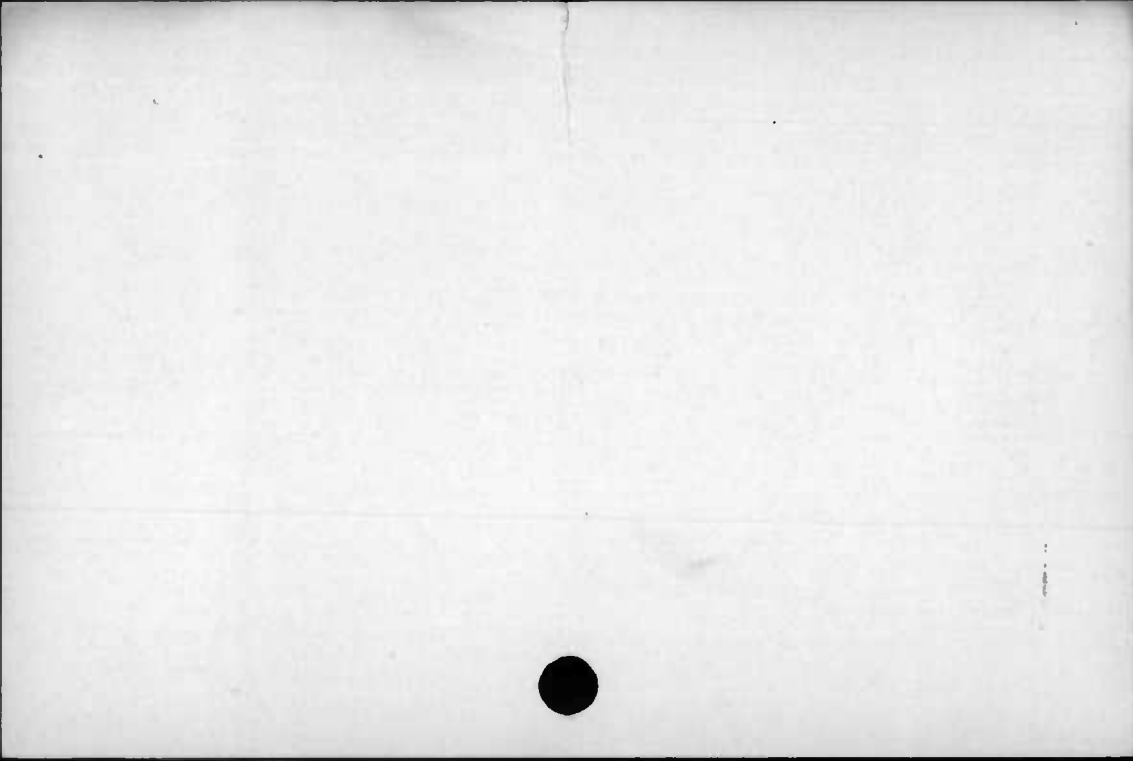
Name *James Mc Darah Shurr*
Died at *Shurr's Landing* *Harford* *MARYLAND*
Date of death *1907* *04* *21* Age *83* Months *2* Days *17*
Sex *Female* Color or Race *White* Birth-place *Pound.*
Occupation *Housekeeper* Where Residing if not at place of death *—*
Married, Single or Widowed *widowed* Name of Wife or Husband *Daniel F. Shurr*
Father's Name *James Shurr* Father's Birthplace *Pa.*
Mother's Maiden Name *Mary Savage* Mother's Birthplace *Pa.*
Name of person giving information *E. Savage Shurr* How related to deceased *Son*

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary *Inguinal Hernia* How long *15 yrs*
Immediate *Strangulation, Peritonitis* How long *three days.*
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician *J. B. Shurr*
Address *Darbytown Md.*
Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis Simpson

Died at ^{Town} Haori de Grace^{County} Hartford

MARYLAND

Date of death 1907 May

Day 1

Age 63

Months

Days

Sex Male

Color or Race

White

Birth-place

Md

Occupation

Night Watchman

Where Residing if not at place of death

Married, Single or Widowed

Widower

Name of Wife

~~husband~~

Millcint.

Father's Name

William Simpson

Father's Birthplace

Chesapeake

Mother's Maiden Name

Pryor

Mother's Birthplace

same

Name of person giving information

How related to deceased

daughter

CAUSES OF DEATH

Primary

Acute Indigestion

How long

104 10 days

Immediate

Angina Pectoris

How long

1/2 hour

Are the name, age, sex, color, date and place correctly given above?

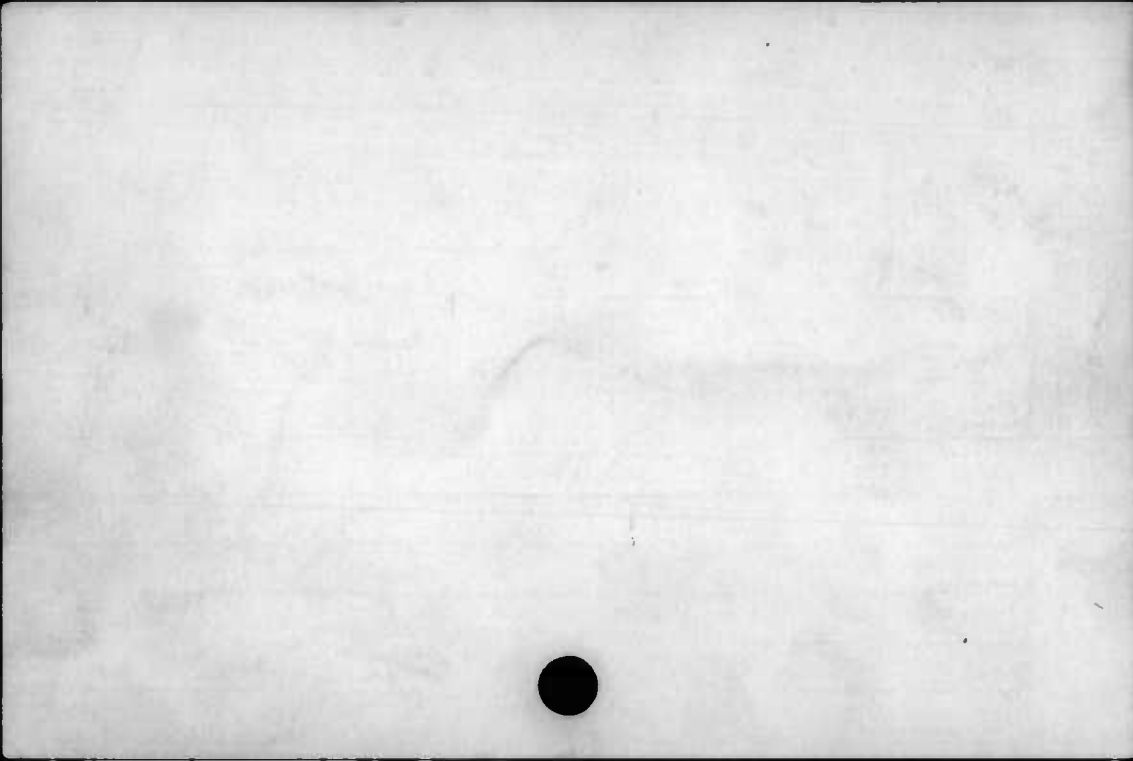
Yes

Signature of Physician

Herodward
Haori de Grace Md.

Address

Accident or Suicide?



Name
in
Full

Catharine Slade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

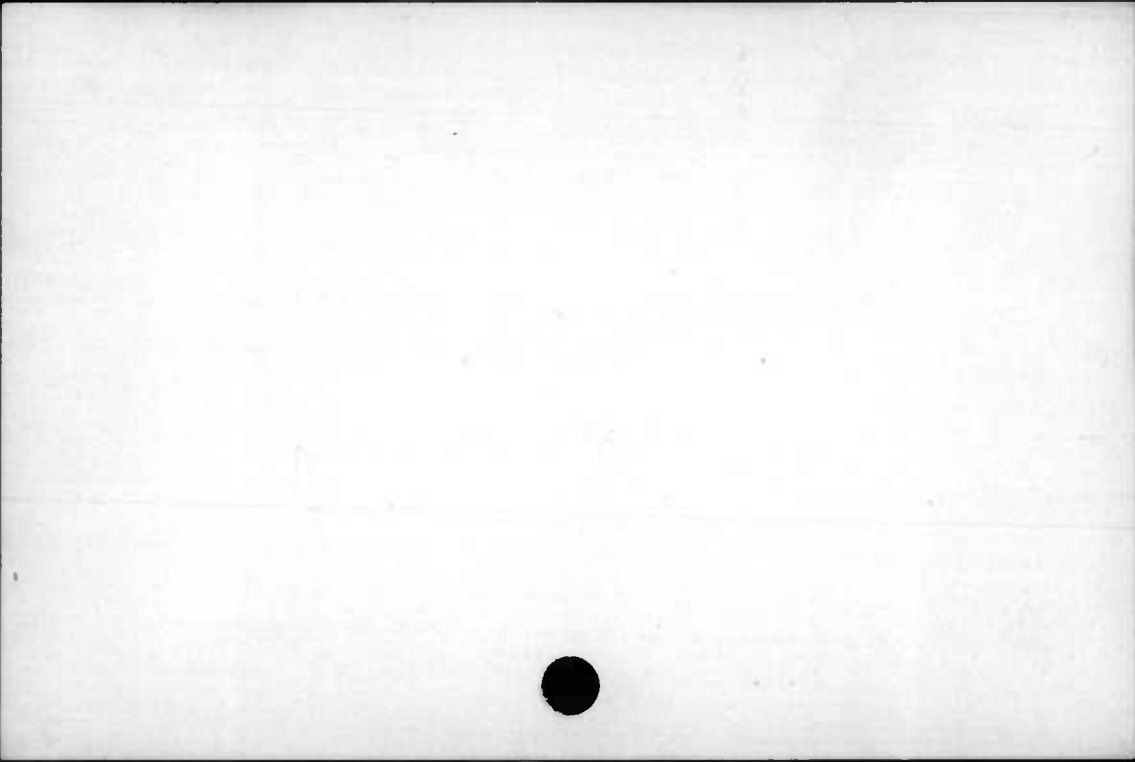
Died at <i>Kalunia</i> Town		<i>Stafford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>20</i>	Age <i>70</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Stafford Co.</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Benj. Slade</i>				
Father's Name <i>Jno. Lochary</i>	Father's Birthplace <i>Stafford Co.</i>				
Mother's Maiden Name <i>Catharine Boyle</i>	Mother's Birthplace <i>Walshand</i>				
Name of person giving information <i>Jno. Slade</i>		How related to deceased <i>son</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Lee Hughes</i>
	Address <i>Forest Hill Md.</i>
Accident or Suicide?	



Name
in
Full

Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

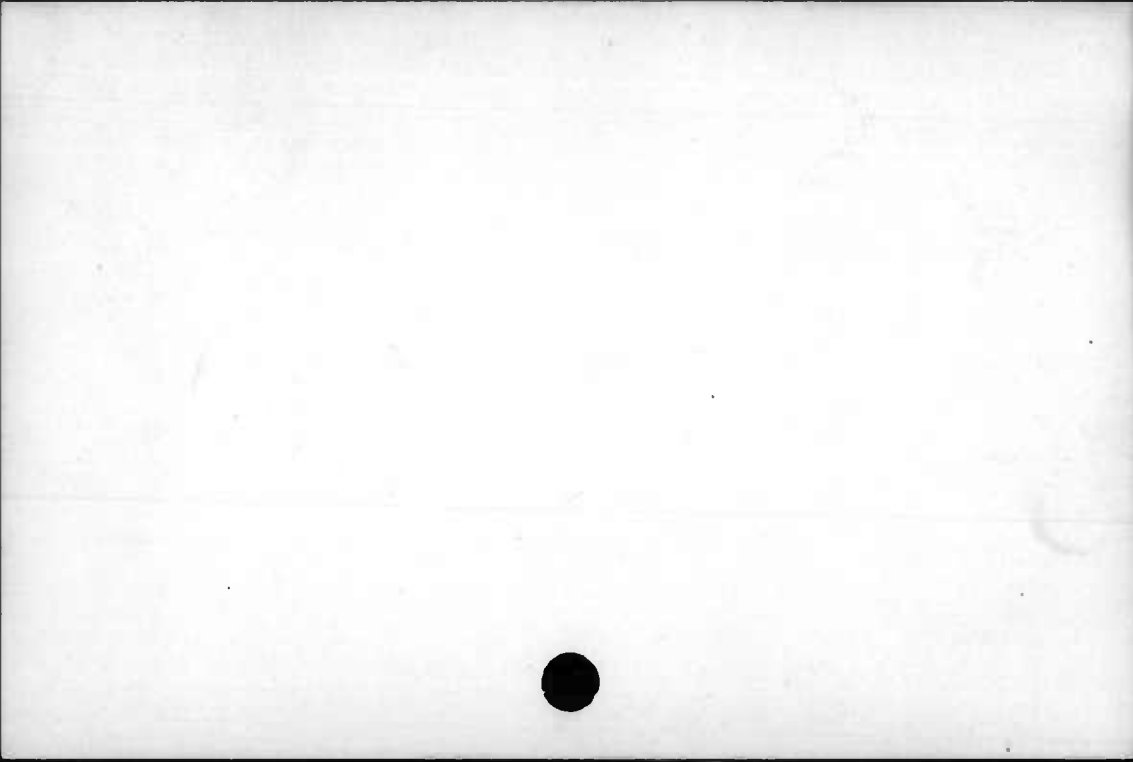
Died at Whiteford <small>Town</small>		Haynes <small>County</small>		MARYLAND	
Date of death 1907	Month May	Day 1	Age 13	Years 11	Months 11
Sex Female	Color or Race Caucasian		Birth-place Whiteford Md		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Lee Smith		Father's Birthplace Va		Mother's Birthplace Md	
Mother's Maiden Name Mellie Bond		How related to deceased Father			
Name of person giving information Lee Smith					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	
Signature of Physician Rochester Ramsey	Address Wells Pk
Accident or Suicide?	



Name
in
Full

Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

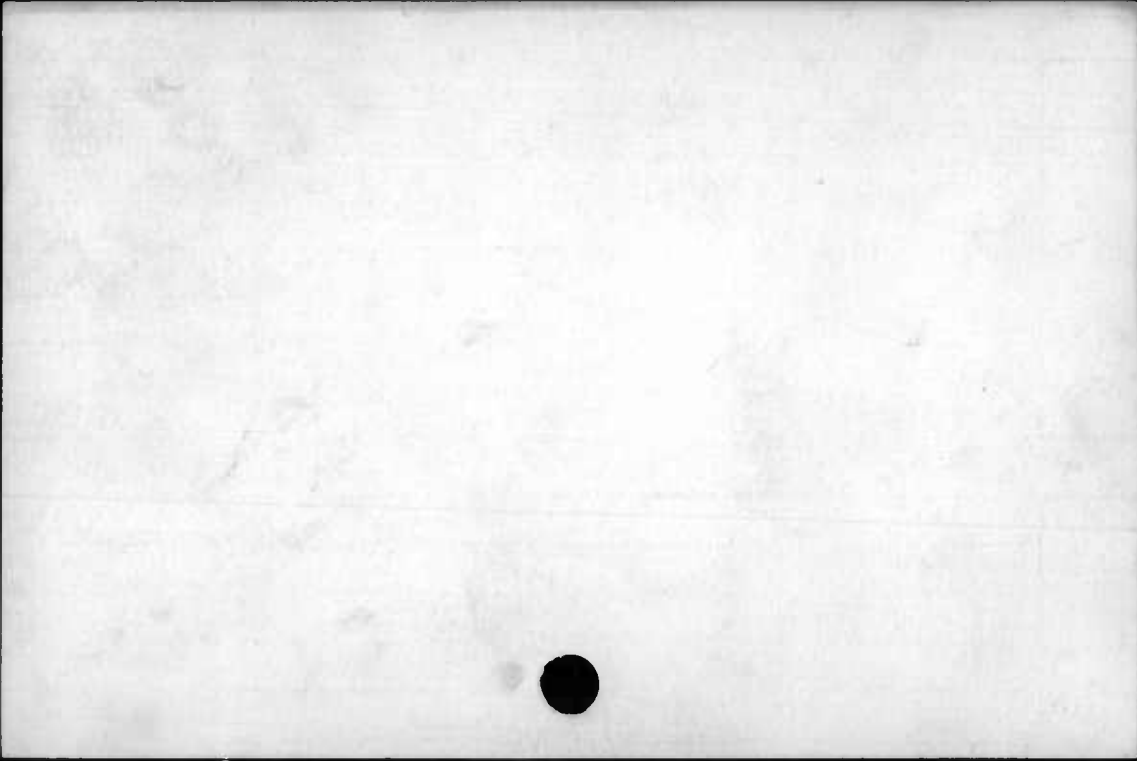
Died at		Town Lumbria		County Harford		MARYLAND	
Date of death		1907	Month May	Day 31	Age Premature birth	Years	Months Days
Sex Female		Color or Race White		Birth- place Lumbria, Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Arthur Stevens				Father's Birthplace Md			
Mother's Maiden Name Whiteford				Mother's Birthplace Md			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Premature birth	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		R. Warren Ramsay
Address		5222 York Co Rd
Accident or Suicide?		



Name
in
Full

David Street

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

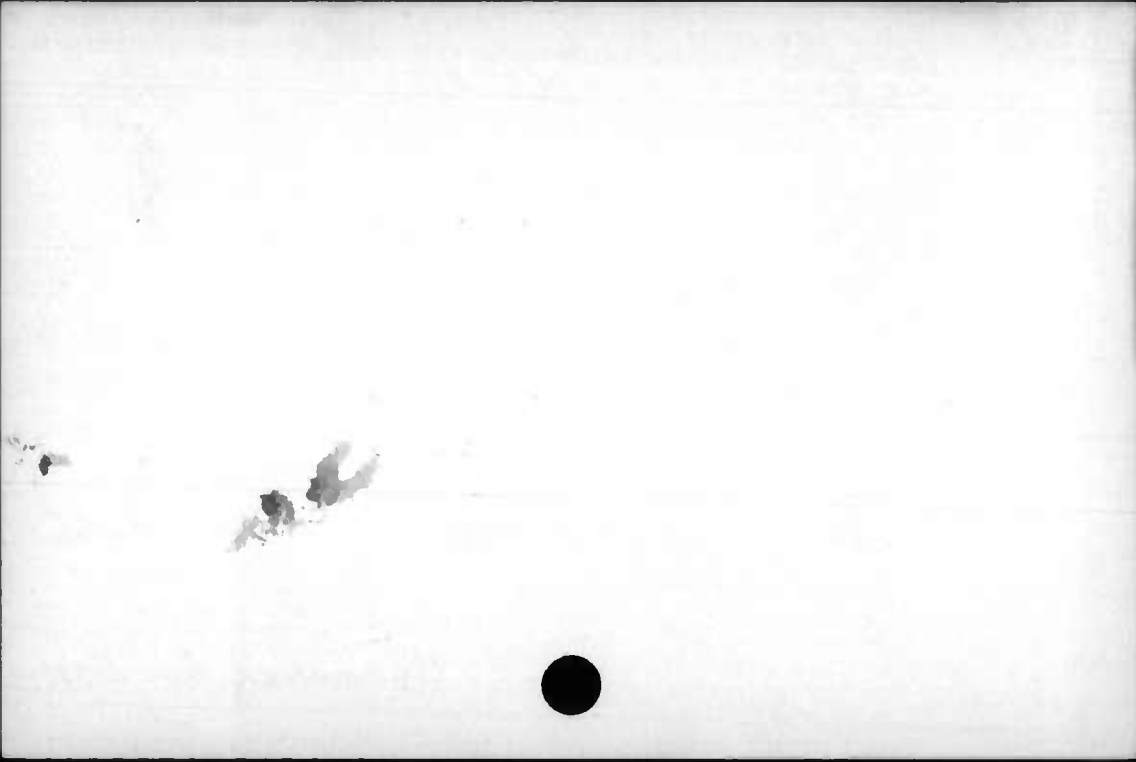
Died at <i>Bethlehem</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>12</i>	Age <i>87</i>	Months <i>11</i>	Days <i>7</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Occupation <i>farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Margaret Street</i>				
Father's Name <i>William Street</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sarah Cox</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Frank Beal</i>	How related to deceased <i>Grand son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age general debility</i>	How long
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Oscar W. McNamara</i>
	Address <i>Janettaville, Md</i>
Accident or Suicide?	



Name
in
Full

Martha Jane Talbot

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Fufford</i> Town		<i>Hanford</i> County			
Date of death 190	<i>7</i> Month <i>5</i>	Day <i>8</i>	Age <i>33</i> Years	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>House work</i>				
Name of Wife or Husband <i>Winfield Talbot</i>					
Father's Name <i>Isaac Boukes</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Winfield Talbot</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Creswell Md</i>
Accident or Suicide? <i>No</i>	

Asbury

Name

In
Full

CERTIFICATE OF DEATH

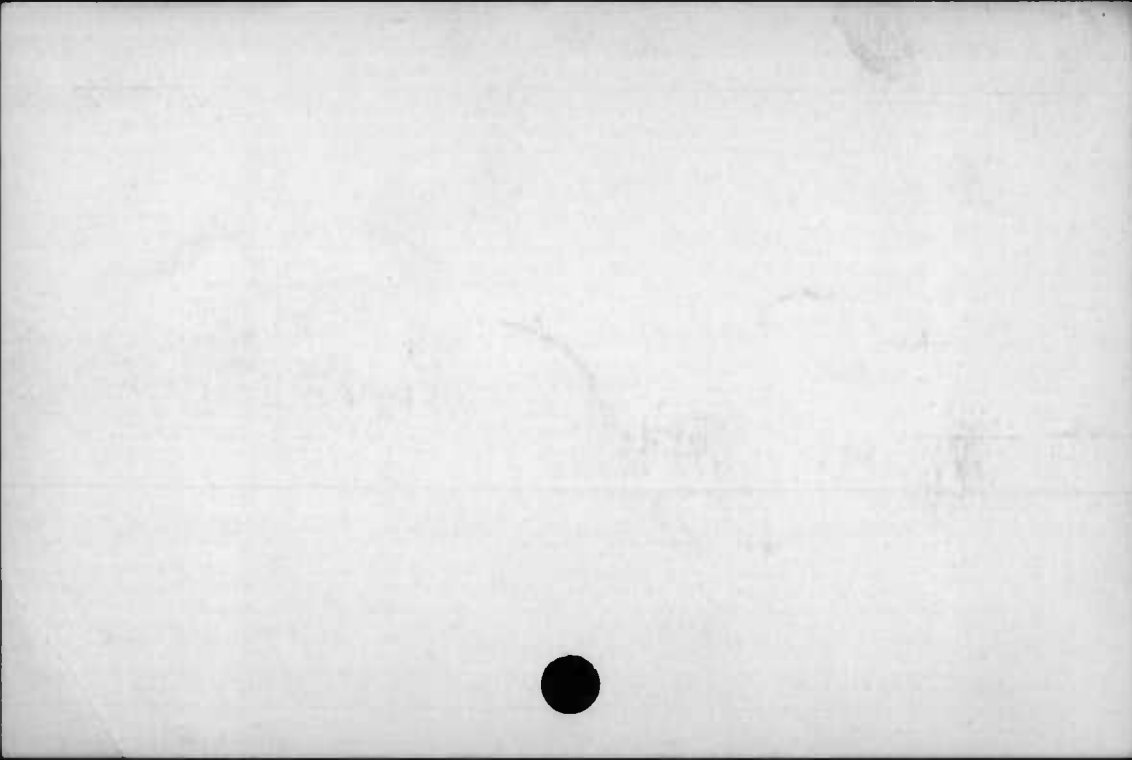
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Home de Grace</u> Town <u>Wills</u> County		MAYLAND	
Date of death <u>1907</u>	Month <u>5</u>	Day <u>5</u>	Age <u>Born dead</u> Years Months Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Home de Grace Md</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Edward G. Will</u>	Father's Birthplace <u>Abertons Md</u>		
Mother's Maiden Name <u>Minnie E. Gerling</u>	Mother's Birthplace <u>Home de Grace Md</u>		
Name of person giving information <u>Edward G. Will</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Was born dead</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. G. Smith M.D.</u>
	Address <u>Home de Grace Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Hemetta Woodrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harre de Grace</i>		Town <i>Harford Co</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>17</i>	Age <i>71</i>	Years	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co</i>				
Occupation <i>Home</i>	Where Residing if not at place of death <i>at her home</i>						
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>J Frank Woodrow</i>						
Father's Name <i>Jesse Iruen</i>	Father's Birthplace						
Mother's Maiden Name <i>Webb Johnson</i>	Mother's Birthplace						
Name of person giving information <i>Niece Mrs McComb</i>	How related to deceased <i>--</i>						

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach & Liver</i>	How long <i>a year</i>
Immediate	<i>" " " " " "</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Al Brothie</i>
		Address <i>Harre de Grace</i>
Accident or Suicide?		

